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**** CONTINUING DATA *******
 This application is a CIP of 08/923,477 09/04/1997 PAT 6,106,301
 which claims benefit of 60/025,433 09/04/1996
 and claims benefit of 60/072,672 01/28/1998
 and claims benefit of 60/105,661 10/26/1998
 and claims benefit of 60/116,545 01/21/1999

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
**** 02/10/1999**

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY VA	SHEETS DRAWING 14	TOTAL CLAIMS 11	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

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TITLE
 INTERFACE DEVICE AND METHOD FOR INTERFACING INSTRUMENTS TO MEDICAL PROCEDURE SIMULATION SYSTEMS

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
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1573	No. _____ for following:	<div data-bbox="1015 132 1469 178">time)</div> <div data-bbox="1015 178 1469 231"> <input type="checkbox"/> 1.18 Fees (Issue) </div> <div data-bbox="1015 231 1469 283"> <input type="checkbox"/> Other _____ </div> <div data-bbox="1015 283 1469 350"> <input type="checkbox"/> Credit </div>
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